Reset

South Carolina Department of Social Services

COMMODITY SUPPLEMENTAL FOOD PROGRAM APPLICATION

County No.: _____ Local Agency ID: _____ Certification Site ID: _____

Applicant Information (Please Print Clearly)				
Applicant Name:	SSN:	Date of Birth:	Sex:	Application Date:
Street Address:	City:	State:	Zip Code:	Telephone:
Authorized Representative:	AR Telephone:	Authorized to Pick Up CSFP Foods: ❑ Yes ❑ No		

Racial/Ethnic Data
(Data will not affect consideration of application for assistance. Requested solely to ensure compliance with Federal Civil Rights laws.)

Ethnic Category
Are you Hispanic or Latino? (Select only one)
❑ Yes ❑ No

Racial Category (Select one or more)
❑ American Indian or Alaska Native
❑ Asian
❑ Black or African American
❑ Native Hawaiian or Other Pacific Islander
❑ White
❑ American Indian or Alaska Native and White
❑ Asian and White
❑ Black or African American and White
❑ American Indian or Alaska Native and Black or African American
❑ Multiple Races Not Shown Above

Providing your social security number is voluntary. Your social security number will be used as your identification number in the CSFP and will be used to comply with federal regulations (7CFR 247.19, 7CFR 247.20) which stipulates that participants may not receive both CSFP and WIC benefits simultaneously, and may not receive CSFP benefits at more than one CSFP site at the same time. If you do not wish to provide your social security number a generic identification number will be assigned and your application will be processed.

This certification form is being made in connection with the receipt of Federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes. I have been advised of my rights and obligations under the Program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge. I authorize the release of information provided on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes.

I undersigned, certify that I have not applied for or received benefits from any other Commodity Supplemental Food Program (CSFP) site in the month of application; nor will I apply for and receive CSFP or WIC benefits in subsequent months at the same time as I receive in benefits under this application, if I am certified.

Signature of Applicant: _____ **Date:** _____

In accordance with Federal law and USDA policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Certification Information (To be completed by CSFP Site Staff.)

Action: ❑ Initial Certification ❑ Recertification **Action Date:**

Category/Priority: ❑ Infant (to age 1) Pregnant/Breastfeeding ❑ Child (1-3 years old) ❑ Child (4-5 years old) ❑ Postpartum/Non-breastfeeding ❑ Elderly (Age 60 and older)

Household Income: $ _____ ❑ Monthly ❑ Yearly **Number of People in HH:**

Status: ❑ Eligible (Active) ❑ Eligible (Waiting list) ❑ Denied ❑ Closed **Notice Date:**

Reason for Denial or Closure:

Eligibility Verification: (Document the verification used for each eligibility criteria listed below.)

Eligibility Criteria	Verification Source
Categorical Eligibility	
Income Eligibility	
Residence	

I hereby certify that this assessment was made on the basis of information contained within agency files. All eligibility criteria were applied as defined by the South Carolina Department of Social Services.

Agency Official Signature: _____ **Title:** _____

INSTRUCTIONS FOR DSS FORM 16168

Complete application in black or blue ink only and press firmly to ensure all copies are legible. Completed applications must be submitted to the local agency by the 1st of the month.

1. County No.	Applicant's county of residence.
2. Local Agency ID	Enter the local agency ID code.
3. Certification Site ID	Enter the assigned certification site ID code.
4. Applicant Name	Name of person for whom programs are being requested.
5. SSN	Self-explanatory. (If applicant does not wish to provide SSN, a generic 9-digit ID number must be assigned by using the 3-digit certification site number and the applicant's birth date without the century. Example: Applicant at Site number 001 with a birth-date of June 5, 1935 would be assigned an ID # 001-060535
6. Date of Birth	Self-explanatory.
7. Sex	Self-explanatory.
8. Application Date	Date a completed application is received by certification site.
9. Street Address	Self-explanatory.
10. City	Self-explanatory.
11. State	Self explanatory.
12. Zip Code	Self-explanatory.
13. Telephone Number	Self-explanatory.
14. Authorized Representative (AR)	Name of person designated by the applicant to complete application and/or receive food package on his/her behalf. Authorized representatives must provide a signed statement from the applicant authorizing the individual as the AR.
15. AR Telephone Number	Self-explanatory.
16. Authorization to pick up CSFP food package	Check "yes" or "no" to indicate if the AR is designated to sign for and receive monthly food package on behalf of the applicant/participant.
17. Racial/Ethnic Data	Self-explanatory.
18. Signature of Applicant	Signature of person for whom program benefits are being requested. If the application is made by an AR, the applicant's name should be printed in the signature line and the AR should sign his/her name on the line below.
19. Date	Date application is signed by applicant.
20. Action	Check the appropriate box to indicate the type of action being taken.
21. Certification Date	Date eligibility is determined.
23. Priority	Check the appropriate box to indicate the designated priority status of the applicant.
24. Household Income	Document the gross household income that will be used to determine the eligibility of the applicant/participant: (Note: Only consider the income of those individuals sharing household living expenses with the applicant/participant. Document the number of persons in the household.)
25. Status	Indicate the disposition on the request for program benefits and the date notification was provided to the applicant/participant of the eligibility determination. (Notice must be sent on initial applications within 20 days of the date of application.)
26. Verification Method	Document the source of verification for categorical eligibility, income eligibility and residency of the applicant/participant.
27. Agency Official Signature	Signature of certification site personnel completing the eligibility determination.

Distribution: White – Certification Site, Canary – SCDSS, Pink – Local Agency